

CONFIDENTIAL DATA ENTRY FORM FOR FOREIGN PROTECTION ORDERS

For use by Court, Clerk, Prosecuting Attorney and Law Enforcement Personnel ONLY

DIVISION OF STATE COURT ADMINISTRATION**Note:** The following information is confidential under Indiana law pursuant to IC § 5-2-9-7, and it may not be released.

STATE OF INDIANA)

COUNTY OF _____)

COURT: Superior, Room #: _____

(check one) Circuit

CASE #: _____ - _____ - _____ - _____

PETITIONER/PROTECTED PERSON

v.

DATE: _____

RESPONDENT/DEFENDANT

m/d/yyyy

PERSON PROTECTED

Name:

Does the protected person live within a municipal boundary?
(i.e., within city/town limits) ☐ Yes ☐ No

Home address:

If yes, which municipality? _____

DOB:

SSN: (optional)

Telephone No.:

Race:

Home: (_____) _____

Sex:

Work: (_____) _____

Postal address (if different from home address):

When can protected person be reached at the above
numbers or any alternative numbers?

Other protected address:

List the cities/counties where the protected person would like a
copy of the order sent:**PERSON RESTRAINED**

Name:

Telephone No.:

Home address:

Home: (_____) _____

Work: (_____) _____

Postal address (if different from home address):

Location of place of business or where person is usually or often
found:Sex: ☐ male ☐ female

DOB:

SSN:

Describe nature and location of any scars or tattoos:

Any scars or tattoos? ☐ Yes ☐ No

Race:

Hair color:

Height:

Weight:

**List the name(s), dates of birth [DOB], race, and sex of any person(s) residing at the household of the protected person.
Attach an additional sheet of paper if necessary.**

Name:

DOB:

Sex: ☐ Male ☐ Female

Race:

Name:

DOB:

Sex: ☐ Male ☐ Female

Race:

Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION I. TERMS AND CONDITIONS OF FOREIGN PROTECTION ORDER [check all that apply]

- ☐ 01 The Respondent/Defendant is restrained from assaulting, threatening, abusing, harassing, following, interfering with, or stalking the Petitioner/Protected Person and/or the child of the Petitioner/Protected Person.
- ☐ 02 The Respondent/Defendant shall not threaten a member of the Petitioner/Protected Person's family or household.
- ☐ 03 The Petitioner/Protected Person is granted exclusive possession of the residence or household.
- ☐ 04 The Respondent/Defendant is required to stay away from the residence, property, school or place of employment of the Petitioner/Protected Person or other family or household member.
- ☐ 05 The Respondent/Defendant is restrained from making any communication or contact with the Petitioner/Protected Person(s), including but not limited to, personal, written, or telephone contact, or their employer, employees, or fellow workers, or others with whom the communication would be likely to cause annoyance or alarm to the Petitioner/Protected Person(s).
- ☐ 06 The Respondent/Defendant **[not the Petitioner/Protected Person]** is awarded temporary custody of the children named.
- ☐ 07 The Respondent/Defendant is prohibited from possessing and/or purchasing a firearm or other weapon or ammunition.
- ☐ 08 Special terms and conditions of the Foreign Protection Order. Please comment:

SECTION II. COMPLETE THIS SECTION FOR AN EXTENSION OR MODIFICATION**REASON FOR EXTENSION OR MODIFICATION**

____ (a.) **Extended** due to:
 ____ **motion for continuance.** Hearing date moved to: _____ (date).
 Conditions of the Order remain unchanged.
 ____ **renewal of existing Order;** termination date changed to: _____ (date). See
 attached Order. Conditions of the Order remain unchanged.

____ (b.) **Modified** due to:
 ____ Petitioner's/Protected Person's or Respondent's/Defendant's **change of address (NOTE:**
 Section IV of this Form needs to be completed **ONLY WHEN** this applies).
 ____ **conditions of the Order have been modified.** See attached Order.
 ____ **other.** See attached Order.

Date Order was issued: _____

Date Order was modified or extended: _____

Date Order will be terminated: _____

SECTION III. COMPLETE THIS SECTION FOR A TERMINATION**REASONS FOR TERMINATION**

____ Expiration of Order.
 ____ The case was a criminal case and the case was dismissed.
 ____ The case was a civil case and the case was dismissed.
 ____ The Order was vacated.
 ____ Court Order.
 ____ A Protective Order hearing was held, the *Ex Parte* Order for Protection was terminated, and a new Protective
 Order has been issued.

Other information (if any):

SECTION IV. COMPLETE THIS SECTION FOR A CHANGE OF ADDRESS

Name of Petitioner/Protected Person: _____
 Date of birth: _____ Sex: Male [] Female [] Race: _____
 Address: _____ Alternate address: _____

 Telephone Number: _____ Alternate Tel. #: _____
 Within a municipal boundary? Yes () No () Within a municipal boundary? Yes () No ()
 Which municipality? _____ Which municipality? _____

 Social Security Number (optional): _____

Name of Respondent/Defendant: _____
 Address: _____
 Telephone Number: _____
 Date of birth: _____ Social Security Number (if known): _____
 Sex: Male () Female ()
 Race: _____

SECTION V. FOR USE BY CLERK OF COURT

A copy of this Confidential Data Entry Form for Foreign Protection Orders has been sent to the following Depositories:

_____ Sheriff of _____ County.
 _____ Any other sheriff or enforcement agency of a municipality listed in this Form:
 Name(s) of county(ies): _____
 Name(s) of municipality(ies): _____
 The copy was transmitted on (date): _____ by (name of person transmitting copy): _____.